

REQUIREMENTS & INSTRUCTIONS - PEST CONTROL FIELD REPRESENTATIVE/ ADDITIONAL BRANCH

PCFR

Access this form via website at: www.hawaii.gov/dcca/pvl

Briefly, the steps to obtain a pest control field representative's license OR to add an additional branch are:

- 1) Complete all required forms;
- 2) Submit all required forms to the Board at least 10 days prior to the board meeting date; (see Exam/Board Mtng Schedule;
- 3) Upon approval, register directly with the testing agency by registration deadline date;
- 4) Pass the exam and pay license fees; and
- 5) Maintain the license.

1) Complete all required forms:

APPLICATION

Complete the attached application by typing or printing legibly in dark ink.

Failure to provide all the requested information will delay the processing of your application.

FEES

Attach the application fee of \$30 (not refundable). Make check payable to: **COMMERCE & CONSUMER AFFAIRS.**

NOTE: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

EXPERIENCE (Supporting Certificates)

Attach (2) Two *Experience Certificates (PC-14)* in support of your experience. Applicant must have had at least **6 months** in the branch for which license is sought. At least one of the forms must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME).

Applicants are subject to requirements in effect at time of filing.

EXPERIENCE (Job Report)

Participation in at least **25 jobs** in the specific branch for which applicant is applying during the 6-month experience period.

List on the attached "*Job Report*" (PC-02) form **25 jobs** participated in during the 6-month period and list the chemicals and treatments used.

PESTICIDE CERTIFICATION

Attach evidence of current certification under the Hawaii pesticides law by the State Dept. of Agriculture or a Commercial Applicator in the branch for which application is made. (FRONT AND BACK OF CARD.)

EMPLOYMENT CONFIRMATION

Attach *Confirmation of Employment* form (PC-07a) signed by the Responsible Managing Employee (RME) of your employing firm that the RME will be responsible for the acts, conduct, representations, etc., of you as a pest control field representative and will also be held responsible with you for any violation of the pest control law, safety regulations or the board's rules, and will be subject to any disciplinary action along with the licensee in violation. Such statement shall be endorsed by the Field Representative.

LAWS & RULES

Copies of the board's laws and rules, Chapter 460J, HRS and Chapter 94, HAR are available by submitting a written request to: Pest Control Board, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 460J and Chapter 94.

LAWS & RULES (Cont)

The laws and rules are also posted on our website at: www.hawaii.gov/dcca. Look under "Pest Control".

ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents and other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

2) Submit forms to Board:

Mail all requested items to:

*PEST CONTROL BOARD
DCCA, PVL, Licensing Branch
P. O. Box 3469
Honolulu, HI 96801
Ph: (808) 586-3000*

Deliver to office location at:

*335 Merchant St., Room 301
Honolulu, HI 96813*

3) Register DIRECTLY with testing agency:

Examinations are usually offered at least 6 times a year (FEB, APR, JUNE, AUG, OCT, DEC). Refer to the attached "Examination Schedule" for examination dates and registration filing deadlines. Applications for examination are subject to approval by the Pest Control Board. Upon approval, all applicants are notified through the mail. Notices of approval are mailed with a "Registration Form" which the applicants complete and mail with the appropriate fees by the registration deadline directly to the testing agency, Experior Assessments LLC. Experior is an independent testing contractor that administers the Board's examination to all pest control applicants. Note: A walk-in procedure to allow Board approved candidates to take exams at times other than the scheduled dates is available by appointment at Experior's office for an additional fee. For arrangements contact:

*Experior Assessments LLC
354 Uluniu Street, Ste. 308
Kailua, HI 96734
Ph: (808) 261-8182*

4) Pass the exam and pay license fees:

Approximately 3 weeks after an examination is given, examination results are sent through the mail. Along with the examination results you will be notified of the license fees due.

5) Maintaining the license:

All licenses, regardless of issuance date, **expire on June 30 of each even-numbered year** and are subject to renewal. Renewal applications are mailed to current licensees at their last known address about 2 months prior to the license expiration date. To ensure receipt of the renewal application, keep the board informed of your address.

Scope of Work: A pest control field representative shall not contract for pest control work in representative's own behalf.

Employment: A pest control field representative shall be employed by a pest control operator licensed by the board.

Change of Employment: Should a pest control field representative terminate employment or obtain employment with another pest control operator, notification must be sent to the board within 10 days upon change of employment. A current *Confirmation of Employment* form (PC-07a) must be filed with the board.

Pesticide Certification: Current Certification by the State Dept. of Agriculture as a Commercial Applicator in the appropriate branches must be maintained. You will be required to submit proof of a valid and current certification in the appropriate branch for each renewal period.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR LICENSE - PEST CONTROL FIELD REPRESENTATIVE

Read instructions on the attached sheet.

Legal Name (First-Middle) _____ (Last) _____ Residence Address (Include apt. no., city, state & zip code) - REQUIRED _____ Mailing Address (if different from above) _____ Social Security No. _____ Age _____ Phone No. (Days) _____			License No. _____ PCFR - _____ Effective Date _____ Branches: 1 2 3 PCO - _____	
Present/Prospective Employer & Address of Employer Name: _____ Mailing Address: _____ PCO - _____ Phone: _____			Other names used or known by: _____ Check BRANCH applying For: <input type="checkbox"/> Fumigation - Branch 1 <input type="checkbox"/> General Pest - Branch 2 <input type="checkbox"/> Termite - Branch 3	

Circle or underline answers. Give details when required.

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) a. Do you presently hold or have you ever held a pest control license in this or any other state? YES NO
- b. Type of license _____ License No. _____ State _____
- 4) Are you now or have you in the past 5 years been a partner in a company or an officer in a corporation operating in pest control work in Hawaii? YES NO
- 5) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- b. Are there any disciplinary actions pending against you? YES NO
- 6) In the past twenty years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

(If response is "YES" to questions 5a, 5b, or 6, provide information on the date, place, and type of conviction or disciplinary action on a separate sheet and attach court documentation including fulfillment of conditions.)

EMPLOYMENT HISTORY IN PEST CONTROL WORK in branches you are seeking a Repr. License	Dates (mo/yr)		Employer	Position	Duties
	From	To			

Affidavit of Applicant:

I hereby certify that the statements, answers, and the representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of the Hawaii Revised Statutes, Chapter 460J and Hawaii Administrative Rules, Chapter 94.

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App.....	475	\$30
Lic.....	480	\$25
CRF	477	\$55 or \$110
½ Ren.....	470	\$25
Service fee	BCF	\$15

State of Hawaii
PEST CONTROL BOARD
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, Hawaii 96801
www.hawaii.gov/dcca/pvl

* EMPLOYMENT CHANGES MUST BE REPORTED TO THE BOARD WITHIN **10** DAYS

**FIELD REPRESENTATIVE
CONFIRMATION OF EMPLOYMENT**

RE: _____

This is to certify that I will be responsible for the acts, conduct and representations of the above-named within the scope of his employment as a licensed Pest Control Field Representative, and will be responsible for any violation of the pest control law, safety regulations or the Board's rules by him/her and will be subject to any disciplinary action along with him.

Field Representative's Signature

Date _____

Responsible Managing Employee's Signature

Firm Name _____

Firm License No. PCO _____

* Date _____

JOB REPORT - PEST CONTROL

Access this form via website at: www.hawaii.gov/dcca/pvl

Instructions:

- 1) **Operator applicant** – List chronologically **100** jobs verifying chemical application in which you were an applicator during the 2-year period for each specific branch for which application is being made.
- 2) **Field Representative applicant** – List chronologically **25** jobs verifying chemical application in which you were an applicator during the 6-month period for each specific branch for which application is being made.

Name of Applicant:

Branch:

Date	Client Name & Address	Target Pest	Chemicals/Treatment used/Area
Example:			
02/01/02	Bill Smith 1234 S. King Street	Ground Termite	Previal/Post Treat (trench)/Exterior
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			

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Name of Applicant:

Branch:

Date	Client Name & Address	Target Pest	Chemicals/Treatment used/Area
26)			
27)			
28)			
29)			
30)			
31)			
32)			
33)			
34)			
35)			
36)			
37)			
38)			
39)			
40)			
41)			
42)			
43)			
44)			
45)			
46)			
47)			
48)			
49)			
50)			

JOB REPORT - PEST CONTROL

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Name of Applicant:

Branch:

Date	Client Name & Address	Target Pest	Chemicals/Treatment used/Area
51)			
52)			
53)			
54)			
55)			
56)			
57)			
58)			
59)			
60)			
61)			
62)			
63)			
64)			
65)			
66)			
67)			
68)			
69)			
70)			
71)			
72)			
73)			
74)			
75)			

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- 1) **Operator applicant** -- List chronologically **100** jobs verifying chemical application in which you were an applicator during the 2-year period for each specific branch for which application is being made.
- 2) **Field Representative applicant** -- List chronologically **25** jobs verifying chemical application in which you were an applicator during the 6-month period for each specific branch for which application is being made.

Name of Applicant:

Branch:

Date	Client Name & Address	Target Pest	Chemicals/Treatment used/Area Treated
76)			
77)			
78)			
79)			
80)			
81)			
82)			
83)			
84)			
85)			
86)			
87)			
88)			
89)			
90)			
91)			
92)			
93)			
94)			
95)			
96)			
97)			
98)			
99)			
100)			

IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.

Name of Applicant	License requesting (check)	Branch requesting (check)
	<input type="checkbox"/> RME	<input type="checkbox"/> Branch 1 – Fumigation
	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Branch 2 – General Pest
	<input type="checkbox"/> PCFR	<input type="checkbox"/> Branch 3 – Termite

[illegible][illegible]

Business Phone No. ()

To Persons Requested to Certify an Applicant's Experience:

The applicant named on the reverse side is required to meet an experience requirement to be licensed as a pest control operator or field representative and provide proof of experience by furnishing these certificates in support of any experience claims shown on the applicant's application.

The applicant is, therefore, requesting you to certify as to your knowledge of the applicant's experience by completing the form on the opposite side. After you have completed the form, you must have it sworn to and signed before a Notary Public or it cannot be accepted.

Do not mail this form to the Pest Control Board. Return the certificate to the applicant in order that it can be attached to the applicant's application.

Your cooperation is earnestly solicited so that the Pest Control Board can determine whether an applicant has had the experience necessary to become a capable and qualified pest control operator or field representative.

IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.

Name of Applicant	License requesting (check)	Branch requesting (check)
	<input type="checkbox"/> RME	<input type="checkbox"/> Branch 1 – Fumigation
	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Branch 2 – General Pest
	<input type="checkbox"/> PCFR	<input type="checkbox"/> Branch 3 – Termite

Indicate your BUSINESS RELATIONSHIP to the applicant: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> PCO RME Lic. # _____ Branch(es) held: _____ <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> OTHER (specify): _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Employment dates (mo/yr):</th> </tr> <tr> <td style="width: 50%; padding: 5px;">From: _____</td> <td style="width: 50%; padding: 5px;">To: _____</td> </tr> </table> Experience in BR-1: _____ <div style="text-align: right; margin-right: 50px;">yrs. mos.</div> Dates of experience: FR: _____ TO: _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> full time <input type="checkbox"/> part time </div> Experience in BR-2: _____ <div style="text-align: right; margin-right: 50px;">yrs. mos.</div> Dates of experience: FR: _____ TO: _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> full time <input type="checkbox"/> part time </div> Experience in BR-3: _____ <div style="text-align: right; margin-right: 50px;">yrs. mos.</div> Dates of experience: FR: _____ TO: _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> full time <input type="checkbox"/> part time </div>	Employment dates (mo/yr):		From: _____	To: _____	Dates applicant has supervised: BR-1 _____ <div style="text-align: center; margin-top: 10px;">From TO</div> BR-2 _____ <div style="text-align: center; margin-top: 10px;">From TO</div> BR-3 _____ <div style="text-align: center; margin-top: 10px;">From TO</div> Indicate LEVEL applicant worked at: <input type="checkbox"/> SERVICE TECHNICIAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CERTIFIED APPLICATOR <input type="checkbox"/> OTHER (specify): _____ _____
Employment dates (mo/yr):						
From: _____	To: _____					

[illegible]

Business Phone No. ()

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